

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038644

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 19
FILED SEP 24 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 1070			
2 1070			
3			
4 1			
5 1			
6			
7 0			
8 2			
9 592X			
10			
11			
12 71-1			
13 2-0			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cass twp.</u>		c. CITY OR TOWN <u>Cass twp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 miles NE Cabool</u>		d. STREET ADDRESS (If outside, give location) <u>No. Star Rt., Cabool</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ina Pearl Hamill</u>		4. DATE OF DEATH Month Day Year <u>9/10/63</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/10/06</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife & cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Cook</u>	
11. BIRTHPLACE (City and state or country) <u>Charleston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Roy Lee Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>John L. Hamill</u>		17. INFORMANT <u>John L. Hamill, Cabool, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC NEPHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 YEARS?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>2-5-62</u> to <u>9-10-63</u> and last saw her alive on <u>9-6-63</u> Death occurred at <u>11:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>[Signature]</u>	22c. DATE SIGNED <u>9-13-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9/12/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>
24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home, Cabool, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Senter

Licensed Embalmer No.

4718

P. O. Address

Calool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.